



All Social Security Numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

Social Security Number		Date of Birth (mm/dd/yyyy)	
_ _ _ _ - _ - _ _			
First Name	MI	Last Name	
Address			
City		State	Zip Code
Home Telephone Number		Other Telephone Number	
E-mail Address			

Anticipated date for beginning benefits (Month/01/Year): /01/

Anticipated last day at work (Month/Day/Year): _____

The law states that a member who is eligible for normal or early retirement is entitled to choose a retirement date on which their benefit begins if the following conditions are met

1. The date must be after the cessation of their service and be the first day of the month.
2. The retirement is not more than six months before the date on which the application is received by the Board.

Social Security Number		Date of Birth (mm/dd/yyyy)	
<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>			
First Name	MI	Last Name	
Relationship to Member			

Date _____

Employee's Name: Last, First, Middle Initial

Employee Social Security Number

- - - - -

Step 4: Employer Certification of Creditable Service and Authorized Leave

Part 1: Active Service and Paid Leave

List current or most recent position first. If the PERF-covered employment was continuous, complete only the first line below. However if the employee terminated employment and was re-hired in a PERF-covered position, you should list each different period of covered employment. You should also include all periods of **paid** authorized leave here.

Title of PERF-covered Position (Use a separate line for each position)	Beginning Date of Employment			Last Day in Pay Status		
	Month	Day	Year	Month	Day	Year

Part 2: Authorized Unpaid Leave

Please list all periods of authorized unpaid leave. This would include (but is not limited to) maternity leave, FMLA leave, military leave, and employer provided disability leave/programs.

Type of Authorized Unpaid Leave (Use a separate line for each leave)	Beginning Date of Leave			Ending Date of Leave		
	Month	Day	Year	Month	Day	Year

I certify that the above dates are true and accurate to the best of my knowledge and that I am the individual formally authorized to provide this information to the Public Employees' Retirement Fund as part of the State of Indiana Retirement Incentive Plan.

Signature of Authorized Individual	Printed Name of Authorized Individual
Title of Authorized Individual	Date _ _ / _ _ / _ _ _ _
Name of Employer	Employer Account Number

State of Indiana Retirement Incentive Program

Public Employees' Retirement Fund Request for Estimate of Benefits

Instructions for Completion

1. If you are a state employee who would like an estimate that includes any additional years of service that the State will purchase on your behalf under the State of Indiana Retirement Incentive Program, you must do the following: (a) complete Steps 1, 2, and 3 of this form, and (b) have your Human Resources office certify your service on the Employer Section (Step 4) of the form.
2. Because estimates are prepared based on current information, actual benefits received at the time of retirement may differ.
3. **Anticipated date for beginning benefits.** Benefits cannot begin earlier than the first day of the first full month after the last day of work. For example, if your last day of work is January 1st, the earliest benefits can begin is February 1st. If your last day of work is January 31st, the earliest benefits can begin is February 1st. Also, we are not allowed to pay retroactive benefits for more than six months prior to the date your retirement application is received.
4. **Beneficiary Information.** If no beneficiary information is provided, we will provide estimates only for Options 10, 20, and 71. **A complete explanation of the Retirement Options and your choices for payment of your Annuity Savings Account may be found in the PERF Member Handbook.**
5. When you have completed this form and your employer has completed the certification of state service, mail this form to:

**Public Employees' Retirement Fund
143 West Market Street
Attention: Marty Montgomery
Indianapolis, IN 46204**